

Name: _____
Last First Middle Initial

Date: _____

SEVIER COUNTY SHERIFF'S OFFICE

Application for Employment

To the Applicant: We appreciate your interest in employment with the Sevier County Sheriff's Office, and we assure you that we are sincerely interested in your qualifications. In order to get a better understanding of your background, we ask that you fill out this application completely. Your accurate completion of this form will assist us in ensuring that your qualifications will be considered when we are making our staffing decisions. Your application will be retained for a period of six (6) months following your application date. If you wish to be considered for future vacancies, you must notify the Human Resources Department during the posted application period to activate your application.

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle Initial

Present Address: _____

Telephone Number: _____ Dates of Military Service if Applicable: _____

Position Desired: _____

When are you available to begin working? _____ What is the minimum wage you could accept? _____

How did you learn of this vacancy? ☐ Newspaper ad ☐ Sevier County Web page
☐ Sevier County employee ☐ Sevier County Job Line ☐ From a friend
☐ Other: _____

Have you worked for Sevier County Government previously? ☐ No ☐ Yes

If yes, provide your job title and employment dates: _____

Do you have any relatives currently working with Sevier County Government? ☐ No ☐ Yes

If yes, give their name and relationship: _____

Have you ever been convicted of a criminal offense? ☐ No ☐ Yes

If yes, list all such matters even if not formally charged, or no court appearance, or found not guilty, or pled guilty, or nolo contendere to any charge for which adjudication of guilt was withheld or matter if settled by payment or forfeiture of collateral.

Date	Agency/Place	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional or Occupational License(s) you hold: _____

Do you have a valid TN Driver's License (Class D)? ☐ No ☐ Yes

List any other class or endorsement license(s) you have: _____

Have you been found guilty of a moving violation within the past three years? ☐ No ☐ Yes

If yes, please explain: _____

Education History

Circle the highest grade you completed. Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 Other: BA BS MA MS PhD MD		
Name and Address of Educational Institute(s)	Major Subject	Type of Degree
1)		
2)		
3)		

Employment History: Please list all employers starting with present or most recent employer

Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		
Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		
Employer's Name:	Employer's Address:	Supervisor's Name:	Job Duties:
Job Title:	Reason for Leaving:	May we contact this employer?	
Hiring Date:	Separation Date:	Employer's phone number:	
Starting Salary:	Ending Salary:		

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY ANY LAW ENFORCEMENT AGENCY?
 YES___ NO___ (IF YES, GIVE NAME OF AGENCY AND DATES OF EMPLOYMENT OR
 APPLICATION) _____

RESIDENT OF SEVIER COUNTY? YES___ NO___ HOW LONG _____
 RESIDENT OF TENNESSEE? YES___ NO___
 ARE YOU A UNITED STATES CITIZEN? YES___ NO___

REFERENCES

LIST REFERENCES (not relatives, former employers, fellow employees) who are responsible persons.

NAME _____ ADDRESS _____

OCCUPATION _____ YEARS ACQUAINTED _____

TELEPHONE NUMBER _____

NAME _____ ADDRESS _____

OCCUPATION _____ YEARS ACQUAINTED _____

TELEPHONE NUMBER _____

NAME _____ ADDRESS _____

OCCUPATION _____ YEARS ACQUAINTED _____

TELEPHONE NUMBER _____

CREDIT DATA

HAS YOUR CREDIT RECORD EVER BEEN UNSATISFACTORY OR HAVE YOU EVER BEEN REFUSED CREDIT? YES ___ NO ___ (IF YES, GIVE DATES, PLACES, NAMES OF CREDITORS AND CIRCUMSTANCES) _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES ___ NO ___ (IF YES, GIVE DETAILS INCLUDING DATE AND COURT IN WHICH FILED) _____

FORMS TO BE FURNISHED WITH APPLICATION

- ___ COPY OF BIRTH CERTIFICATE
- ___ COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
- ___ COPY OF MILITARY DD-214
- ___ COPY OF TENNESSEE DRIVERS LICENSE
- ___ COPY OF SOCIAL SECURITY CARD
- ___ COPY OF ANY TRAINING CERTIFICATES

I understand that any employment offered to me will be contingent upon the results of a complete character and fitness investigation and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Sevier County Sheriff's office. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand and agree that this employment application shall be the property of the Sevier County Sheriff's Office.

I further understand and agree to submit to a post-offer drug test as required by the Sevier County Sheriff's Office and random drug testing thereafter if employed.

I hereby specifically authorize the release of any and all information from former employers, agencies both public and private, relatives and acquaintances in relation to the employment application, including credit bureaus. I further waive any rights relative to any privacy acts.

I also understand that it has been necessary to establish irregular working hours in view of which, I must be completely available for such assignments as the need may arise.

I further understand that in the event that I am offered a position with the Sevier County Sheriff's Office, that it is contingent upon the successful passing of a physical examination, drug test and psychological evaluation if the position that I am being offered requires such. I also acknowledge that if I am employed, my employment will be at-will, and can be terminated with or without cause at any time by Sevier County Government or myself.

I hereby authorize Sevier County Government to make an investigative report whereby information is obtained through personal interviews with third parties, such as business associates. I further agree to hold Sevier County harmless for any information obtained from these third parties.

Signature: _____ Name printed or typed _____

Date: _____ Witness _____